



Nebraska Application for State Tax Exemption Identification Card

FORM
25

PLEASE DO NOT WRITE IN THIS SPACE

1 Do you hold, or have you previously held, a Nebraska identification number?

☐ YES

☐ NO

If Yes, give number:

2 Social Security Number

3 County of Residence

4 Township

NAME AND LOCATION ADDRESS

NAME AND MAILING ADDRESS

Name

Name

Street Address

Street or Other Mailing Address

City

State

Zip Code

City

State

Zip Code

5 Name of Your Indian Tribe

6 Tribal Enrollment Number

7 Are you a nontribal Indian of at least one-quarter blood?

☐ YES

☐ NO

If Yes, attach Certificate of Blood Quantum

8 Name of Indian Reservation Where You Reside

Under penalties of law, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete.

**sign
here**

Signature

Date

()

Area Code & Telephone Number

INSTRUCTIONS

WHO MAY FILE. Any reservation Indian who claims exemption from Nebraska State taxes may file this application. If this application is approved by the Nebraska Department of Revenue, a Nebraska State Tax Exemption Identification Card will be issued to the applicant. This card must be kept by the reservation Indian as evidence of his or her exempt status.

WHEN AND WHERE TO FILE. This application may be filed at any time with the Nebraska Department of Revenue, P.O. Box 98903, Lincoln, Nebraska 68509-8903. Please make a copy of this application for your files.

Any change of address must be reported by filing a Nebraska Application for State Tax Exemption Identification Card, Form 25. A change of address to a location off the reservation ends the cardholder's exempt status and the Nebraska State Tax Exemption Identification Card must be returned to the Nebraska Department of Revenue.

SPECIFIC INSTRUCTIONS

LINES 5 AND 6. If you are a member of a recognized American Indian tribe, put the name of the tribe and your tribal enrollment number in the blanks provided.

LINE 7. If you are not a member of a recognized American Indian tribe, but are a person of one-quarter or more Indian blood, attach a copy of the Certificate of Blood Quantum from the Bureau of Indian Affairs.

LINE 8. If you live on a Nebraska Indian reservation, put the name of the Indian reservation in the blank provided.

TAXPAYER ASSISTANCE. For additional information, contact the Nebraska Department of Revenue, P.O. Box 98903, Lincoln, NE 68509-8903 or telephone 1-800-742-7474 (toll free in NE and IA) or 1-402-471-5730.

Mail this application to: **NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 98903, LINCOLN, NE 68509-8903**

Please make a copy for your records.

7-125-1976 Rev. 4-2003
Supersedes 7-125-1976 Rev. 10-1983